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Primary Author: Mounia Khramaz

Hospital Affiliation: Mohamed the 6th University Hospital, Cadi Ayyad University, Marrakech

Co-Author(s): S. EL KARIMI *, D. BENZERAOU *, M. EL HATTAOUI * F. ABOUTALIB **, Z. ZOUIZRA **, D. BOUMZEBRA **
* Cardiology department, ** cardiovascular surgery department

Title: Diagnosis and Management of Complete Atrioventricular Block in Children

Background:

Complete atrioventricular (AV) block is a rare affection. It is the consequence of abnormal conduction tissue within a cardiac malformation or it is due to cardiac injury by maternal antibodies that cross the placental barrier and induce myocardial inflammation. Yet the etiology of late complete atrioventricular block in children child remains mostly unknown. The treatment of children's Complete atrioventricular block is the implantation of a pacemaker with immediate results satisfactory in the absence of associated cardiomyopathy

Methods:

Acquired aggregate data demonstrating positive patient outcomes were based on patients seeking treatment for chest pain related complaints—as directed by SCPC peer-reviewed tool. HPMC shared quarterly data during System Quality Meetings communicating positive patient outcomes. The main objective of LMHS Senior Leadership was to create buy-in for Leadership of GCMC, LMH, and CCH to join the accreditation process and commit to standardizing practices utilizing HPMC as a model of cardiovascular patient care excellence. Once the decision to pursue accreditation as a System was decided, a strategy was created to effectively create a multidisciplinary team within each campus to successfully obtain Chest Pain Accreditation Cycle IV from SCPC. Initially, HPMC was responsible for the education and mentoring of the other campuses within the System through the experience of the Certified Chest Pain Coordinator. Key strategies were communicated with the selected multidisciplinary team at each campus and a model of teamwork was effectively taught. Buy-in was measured within the team based on teach-back methods demonstrating comprehension and knowledge of multidisciplinary team participants. The model of teamwork consisted of the Big Five dimensions of teamwork (i.e. team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation) and their coordinating mechanisms. The coordinating mechanisms are closed-loop communication, mutual trust, and shared mental models. As each campus successfully implemented concepts and achieved the key elements set forth by the SCPC, the System culture began to develop to support change and risk-taking. Through the process improvement initiated by the SCPC, an openness that encourages dialogue and the expression of conflicting points of view to problem solve within a double-loop learning environment emerged. The goals set for by SCPC were embraced as a learning

process and the management of tensions generated through the learning process allowed new operating norms to emerge within the System.

Results:

LMHS identified 14 distinct strategies to facilitate LMHS buy-in, reflecting 5 main lessons for facilitating the creation of a multidisciplinary team at each campus to effectively collaborate as a System: (1) effective communication, (2) creation of a team environment, (3) creation of a successful learning environment, (4) effective resource management, and (5) effective performance monitoring. LMHS successfully achieved Chest Pain Accreditation Cycle IV as a System November 2014.

Conclusion:

LMHS provides a reflection of useful strategies for facilitating transformation within an organization to create a culture of cardiovascular care. These studies can be investigated empirically in future research, used to guide process improvement practices to mentor other hospitals seeking accreditation, and used to create a System multidisciplinary team to accomplish a set goal. Our study findings also extend Solberg's conceptual framework to promote practice improvement to include buy-in to successfully influence the change process within an internal organizational culture.